

# Churchville Recreation Council's Tennis Winter Session-2017

Welcome to CHURCHVILLE TENNIS, a Churchville Recreation Council program. Churchville Tennis offers programs for preschoolers through adults. Our programs are designed to benefit your children by instilling self-confidence, social interactive skills, as well as leadership qualities. Many of our former students return to help with the program. Below is a brief summary of guidelines to help you register for the appropriate class.



**BEGINNER:** Beginners are those students who are developing the proper mechanics to play the game. In this class, emphasis is put on proper grips, biomechanics, form, learning the game (proper position and scoring).

**INTERMEDIATE:** This class is designed for those students who are able to implement the skills developed in the beginners program. Emphasis in this level is placed on consistency and advanced shots. Students registering for this class should be able to hit balls from the baseline and serve.

**INVITATIONAL, ELITE & TRAVEL:** These programs are by coaches' selection only and are designed for the advanced area players, USTA tournament players and developing tournament players.

**PLAYER DEVELOPMENT:** This Invitation Only class is for advanced players who will work with the individual to develop a higher level of play.

**HOME SCHOOL:** Multi-age instruction for children who are homeschooled.

**ADULT CARDIO ZUMBA:** Uses fast paced tennis strokes set to Latin-inspired music to increase heart rate in a fun, rhythmic way.

For more information on classes, please contact the chairperson at churchvilletennis@gmail.com or call the Recreation office at 410-638-4345.

## Winter Session: January 10-March 3, 2017

### Class List

#### **Tuesdays**

9:00 am-10:00 am	Adult Cardio Zumba
10:00 am-11:00 am	Pre-K Tennis, Ages 3-5
11:00 am-12:00 pm	Adult Beginners/Intermediate
2:00 pm- 3:00 pm	Pre-K Tennis, Ages 3-5
5:00 pm- 6:00 pm	Future Stars-Invitation Only
6:00 pm- 7:00 pm	Player Development-B (Invitation only)

<b>Fee:</b>	One hour class, Once a week:	\$120
	One hour class, Twice a week:	\$240
	90 minute class, Once a week:	\$184

#### **Wednesdays**

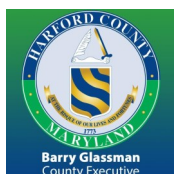
3:00 pm-4:00 pm	JV Class (Invitation only)
4:30 pm-5:30 pm	Player Development-A (Invitation only)
5:30 pm-6:30 pm	Beginners, Ages 4-6
6:30 pm-7:30 pm	Beginners, Ages 7-9
7:30 pm-8:30 pm	Beginners, Ages 10+

Class sizes are limited so register early to guarantee spot. Registrations received after January 6, 2017 will be subject to a \$10 late fee. A \$30 service fee will be collected for returned checks. Make up classes for class cancellations will be done as space is available. At this time we are unable to offer refunds or pro-rated fees.

#### **Fridays**

9:00 am-10:00 am	Adult Cardio Zumba
10:00 am-11:00 am	Home School
11:00 am-12:30 pm	Adult Intermediate Lessons and Doubles
5:00 pm- 6:30 pm	Player Development-A (Invitation only)
6:30 pm- 7:30 pm	Player Development-B (Invitation only)
7:30 pm- 8:30 pm	Elite (Limit 4 kids)

~Registration and waiver form on reverse ~



*Barry Glassman*

Harford County Executive

Preserving Harford's Past; Promoting Harford's Future

## Tennis Program Registration Form—Winter, 2017

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: (Please write clearly) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical problems? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Class Day: \_\_\_\_\_ Class Name: \_\_\_\_\_ Time: \_\_\_\_\_

USTA Number (If known) \_\_\_\_\_

### DISCLOSURE STATEMENT

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, [www.cdc.gov/headsup/youthsports/index.html](http://www.cdc.gov/headsup/youthsports/index.html). Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at [www.nhlbi.nih.gov/health/health-topics/topics/scda](http://www.nhlbi.nih.gov/health/health-topics/topics/scda). Further information on both can be found by calling 1-800-232-4636.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL FORM TO: Churchville Tennis, P.O. Box 515, Churchville, MD 21028